

# APPLICATION FOR EXAMINATION/EMPLOYMENT

RETURN COMPLETED APPLICATIONS TO:

ORANGE COUNTY DEPARTMENT OF PERSONNEL  
COUNTY GOVERNMENT CENTER, GOSHEN, NY 10924-1627  
TELEPHONE: 845 291-2707

Candidates for examination are instructed to avail themselves of the appropriate exam announcement prepared by, and available from, the Orange County Department of Personnel. This application is part of your examination. Answer all applicable questions fully and carefully in ink or typewrite. Some questions can be answered with an "X" in the box which applies to you. Attach additional sheets if necessary in order to give complete and detailed information.

## PRINT LEGIBLY IN INK OR TYPEWRITE

1. If you are filing for more than one examination on this application be sure that they are all SCHEDULED TO BE HELD ON THE SAME DATE (check the announcement for each examination). If you wish to file for examinations being held on different dates, submit a separate application for each date.

| Exam #s | Exam Date | Titles | Personnel Use Only |
|---------|-----------|--------|--------------------|
|         |           |        | #1 A C D           |
|         |           |        | #2 A C D           |
|         |           |        | #3 A C D           |
|         |           |        | #4 A C D           |
|         |           |        | #5 A C D           |

2. SOCIAL SECURITY NUMBER

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

3. FULL NAME/LEGAL RESIDENCE

\_\_\_\_\_  
Last name First Name Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Mailing Address (if different from legal residence)

Phone # \_\_\_\_\_

NOTIFY THIS DEPARTMENT IMMEDIATELY OF ADDRESS CHANGES

4. RESIDENCY

State your permanent legal residence and indicate how long you have resided there continuously, up to and including the date of this application. \*\*\*\* IMPORTANT \*\*\*\* THIS SECTION WILL DETERMINE WHAT RESIDENT LIST (IF ANY) YOUR NAME WILL BE CERTIFIED TO.

|                       | YRS | MOS |
|-----------------------|-----|-----|
| VILLAGE OF _____      |     |     |
| TOWN OF _____         |     |     |
| COUNTY OF _____       |     |     |
| STATE OF _____        |     |     |
| SCHOOL DISTRICT _____ |     |     |

5. SPECIAL ARRANGEMENTS (Optional)

Check box below if you need special accommodations to participate in the exam:

1. Religious Observer – for religious reasons cannot be tested on date of examination. ☐

2. Other \_\_\_\_\_ ☐  
(requires supporting documentation)

3. Disabled Persons – under remarks indicate type of assistance required ☐

6. VETERANS CREDITS

If you are serving, or have served, in the armed forces of the United States on a full-time active duty basis during wartime, you may be eligible to receive credits as a Disabled or Non-Disabled Veteran.

YES, I WISH TO CLAIM CREDITS AS A NON-DISABLED VETERAN, PLEASE SEND APPLICATION ☐

YES, I WISH TO CLAIM CREDITS AS A DISABLED VETERAN, PLEASE SEND APPLICATION ☐

NO, I DO NOT WISH TO CLAIM VETERANS CREDITS ☐

|   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 7. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, are you presently in default on any such loan?   | <input type="checkbox"/> | <input type="checkbox"/> |

8. CHECK APPROPRIATE BOX TO RIGHT OF EACH QUESTION

|   |                          |                          |
|---|--------------------------|--------------------------|
| A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?          | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Did you ever resign from any employment rather than face dismissal?  | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Did you receive a dishonorable discharge from the armed forces of the United States?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have you ever been convicted of any crime (felony or misdemeanor)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are you now under charges for any crime?   | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? | <input type="checkbox"/> | <input type="checkbox"/> |

None of the circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

If you answered "YES" to any of the questions above, you may give specifics under "REMARKS". If you elect not to provide specifics, however, or if such explanation is insufficient, a confidential inquiry will be sent to you.

| <p>9. A. If minimum and/or maximum age limits are established for the position (e.g. police officer), please enter your date of birth: _____</p> <p>B. If citizenship is a requirement for the position for which you are applying, please answer the following:</p> <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Are you a citizen of the United States?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>C. If not a citizen, do you have the legal right to accept employment in the United States?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Please provide Alien Registration Number _____</td> </tr> <tr> <td>D. Are you a retiree from New York State or any civil division thereof?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>E. Are you an Exempt Firefighter?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                          | YES                      | NO | Are you a citizen of the United States? | <input type="checkbox"/> | <input type="checkbox"/> | C. If not a citizen, do you have the legal right to accept employment in the United States? | <input type="checkbox"/> | <input type="checkbox"/> | Please provide Alien Registration Number _____ |  |  | D. Are you a retiree from New York State or any civil division thereof? | <input type="checkbox"/> | <input type="checkbox"/> | E. Are you an Exempt Firefighter? | <input type="checkbox"/> | <input type="checkbox"/> | <p>10. Do you object to this department making inquiry regarding your character and qualifications from:</p> <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Your Former Employer</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Your Present Employer</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>If answer is "YES" please explain under REMARKS</p> <hr/> <p>11. LICENSES - If a license, certificate or other authorization to practice a trade or profession is a requirement of the position for which you are applying, complete the following question: IF NOT currently licensed check this box <input type="checkbox"/></p> <p>Trade/Profession _____</p> <p>License/Certificate # _____</p> <p>Licensing Agency _____</p> <p>City/State _____</p> <p>Expiration Date _____</p> |  | YES | NO | Your Former Employer | <input type="checkbox"/> | <input type="checkbox"/> | Your Present Employer | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|----|---|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--|--|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|---|--|-----|----|----------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|
|   | YES                      | NO                       |    |   |                          |                          |   |                          |                          |  |  |  |   |                          |                          |                                   |                          |                          |   |  |     |    |                      |                          |                          |                       |                          |                          |
| Are you a citizen of the United States?   | <input type="checkbox"/> | <input type="checkbox"/> |    |   |                          |                          |   |                          |                          |  |  |  |   |                          |                          |                                   |                          |                          |   |  |     |    |                      |                          |                          |                       |                          |                          |
| C. If not a citizen, do you have the legal right to accept employment in the United States?   | <input type="checkbox"/> | <input type="checkbox"/> |    |   |                          |                          |   |                          |                          |  |  |  |   |                          |                          |                                   |                          |                          |   |  |     |    |                      |                          |                          |                       |                          |                          |
| Please provide Alien Registration Number _____  |                          |                          |    |   |                          |                          |   |                          |                          |  |  |  |   |                          |                          |                                   |                          |                          |   |  |     |    |                      |                          |                          |                       |                          |                          |
| D. Are you a retiree from New York State or any civil division thereof?   | <input type="checkbox"/> | <input type="checkbox"/> |    |   |                          |                          |   |                          |                          |  |  |  |   |                          |                          |                                   |                          |                          |   |  |     |    |                      |                          |                          |                       |                          |                          |
| E. Are you an Exempt Firefighter?   | <input type="checkbox"/> | <input type="checkbox"/> |    |   |                          |                          |   |                          |                          |  |  |  |   |                          |                          |                                   |                          |                          |   |  |     |    |                      |                          |                          |                       |                          |                          |
|   | YES                      | NO                       |    |   |                          |                          |   |                          |                          |  |  |  |   |                          |                          |                                   |                          |                          |   |  |     |    |                      |                          |                          |                       |                          |                          |
| Your Former Employer  | <input type="checkbox"/> | <input type="checkbox"/> |    |   |                          |                          |   |                          |                          |  |  |  |   |                          |                          |                                   |                          |                          |   |  |     |    |                      |                          |                          |                       |                          |                          |
| Your Present Employer   | <input type="checkbox"/> | <input type="checkbox"/> |    |   |                          |                          |   |                          |                          |  |  |  |   |                          |                          |                                   |                          |                          |   |  |     |    |                      |                          |                          |                       |                          |                          |

12. EDUCATION

YES NO

|                                      |                          |                          |
|--------------------------------------|--------------------------|--------------------------|
| Have you graduated from high school? | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------------------|--------------------------|--------------------------|

If no, highest grade completed \_\_\_\_\_

Name and location of high school \_\_\_\_\_

If you have a high school equivalency diploma, indicate  
issuing Government Authority and Number \_\_\_\_\_

HAVE YOU PREVIOUSLY SUBMITTED PROOF OF EDUCATIONAL ACHIEVEMENTS? YES ☐ NO ☐

# COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL INFORMATION

| Name & Location of School        | Attendance Dates (Mo & Yr)<br>From                      To | Course or Major Subject | # Credits<br>Rec'd | Degree<br>Rec'd | Date of<br>Degree |
|----------------------------------|--|-------------------------|--------------------|-----------------|-------------------|
|                                  |  |                         |                    |                 |                   |
|                                  |  |                         |                    |                 |                   |
|                                  |  |                         |                    |                 |                   |
| Other Schools or Special Courses |  |                         |                    |                 |                   |

13. Do you possess a license to operate a vehicle in New York State?      ☐ YES, Class \_\_\_\_\_      ☐ NO

14. DESCRIPTION OF EXPERIENCE: Beginning with your most recent experience, describe below in detail ALL employment that establishes your possession of the minimum qualifications adopted for the title for which you are applying. (The minimum qualifications are found on the exam announcement available from the Orange County Department of Personnel.) Omissions or vagueness will NOT be interpreted in your favor. If relevant volunteer (unpaid experience) is acceptable as qualifying, describe it in the same way as paid work. If you have had military service which included experience pertinent to the positions, describe such experience as a separate employment. Under "Duties" for each employment describe the nature of the work which you personally perform. If you supervised a work group, state its size and nature and the extent of such supervision. **If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment.**

|  |           |         |
|--|-----------|---------|
| Length of Employment<br>MO/YR      MO/YR<br>From      /      to      / | Firm Name | Address |
| Earnings (Circle One)<br>\$      WK   MO   YR                          | Duties    |         |
| Type of Business   |           |         |
| Your Exact Title   |           |         |
| Supervisor's Name  |           |         |
| Supervisor's title   |           |         |
| # of hours worked per week<br>(exclude overtime)                       |           |         |
|  |           |         |
| Length of Employment<br>MO/YR      MO/YR<br>From      /      to      / | Firm Name | Address |
| Earnings (Circle One)<br>\$      WK   MO   YR                          | Duties    |         |
| Type of Business   |           |         |
| Your Exact Title   |           |         |
| Supervisor's Name  |           |         |
| Supervisor's title   |           |         |
| # of hours worked per week<br>(exclude overtime)                       |           |         |

YOUR SIGNATURE IS REQUIRED ON THE REVERSE OF THIS PAGE

|  |           |         |
|--|-----------|---------|
| Length of Employment<br>MO/YR      MO/YR<br>From      /      to      / | Firm Name | Address |
| Earnings (Circle One)<br>\$      WK   MO   YR                          | Duties    |         |
| Type of Business   |           |         |
| Your Exact Title   |           |         |
| Supervisor's Name  |           |         |
| Supervisor's title   |           |         |
| # of hours worked per week<br>(exclude overtime)                       |           |         |
| Length of Employment<br>MO/YR      MO/YR<br>From      /      to      / | Firm Name | Address |
| Earnings (Circle One)<br>\$      WK   MO   YR                          | Duties    |         |
| Type of Business   |           |         |
| Your Exact Title   |           |         |
| Supervisor's Name  |           |         |
| Supervisor's title   |           |         |
| # of hours worked per week<br>(exclude overtime)                       |           |         |

REMARKS

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Background Investigation: Applicants may be required to undergo extensive investigation of criminal history and background, which will include a fingerprint check, to determine suitability for appointment. Costs related to such investigation may be borne by the applicant. Failure to meet the standards of investigation may result in disqualification.

THIS AFFIRMATION MUST BE COMPLETED: I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. I understand that all statements made by me in connection with this application are subject to investigation and verification and that misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE PRINT ANY OTHER NAME BY WHICH  
YOU ARE OR HAVE BEEN KNOWN \_\_\_\_\_

NOTE: CHECK TO MAKE SURE THAT ALL APPLICABLE QUESTIONS HAVE BEEN ANSWERED. AN INCOMPLETE APPLICATION MAY RESULT IN DISAPPROVAL. A RESUME MAY NOT BE SUBMITTED IN LIEU OF COMPLETING THE APPLICATION.

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, or marital status. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, or marital status in connection with employment in the municipal service of the County of Orange.